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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	09/888,734
	Filing Date	June 25, 2001
	First Named Inventor	Bruce Joseph ROSER
	Art Unit	1651
	Examiner Name	F. Prats
Total Number of Pages in This Submission	12	Attorney Docket Number
		559662000101

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (3 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication To TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Form PTO/SB/08a/b (1 page + copy) Copy of 1 reference Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Kate H. Murashige		
Date	January 7, 2005	Reg. No.	29,959

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 7, 2005

Signature: (Marian L. Christopher)



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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1"> <tr> <td>Application Number</td> <td>09/888,734</td> </tr> <tr> <td>Filing Date</td> <td>June 25, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Bruce Joseph ROSEN</td> </tr> <tr> <td>Examiner Name</td> <td>F. Prats</td> </tr> <tr> <td>Art Unit</td> <td>1651</td> </tr> <tr> <td>Attorney Docket No.</td> <td>559662000101</td> </tr> </table>		Application Number	09/888,734	Filing Date	June 25, 2001	First Named Inventor	Bruce Joseph ROSEN	Examiner Name	F. Prats	Art Unit	1651	Attorney Docket No.	559662000101
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<p>TOTAL AMOUNT OF PAYMENT (\$ 630.00)</p>															

<p>METHOD OF PAYMENT (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP</p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments</p>					
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<p>FEE CALCULATION</p> <p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1"> <thead> <tr> <th rowspan="2"><u>Application Type</u></th> <th colspan="2"><u>FILING FEES</u></th> <th colspan="2"><u>SEARCH FEES</u></th> <th colspan="3"><u>EXAMINATION FEES</u></th> </tr> <tr> <th><u>Fee (\$)</u></th> <th><u>Small Entity</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity</u></th> <th><u>Fees Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>0.00</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>0.00</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>0.00</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>0.00</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> </tbody> </table> <p>2. EXCESS CLAIM FEES</p> <p>Fee Description</p> <table border="1"> <thead> <tr> <th></th> <th><u>Small Entity</u></th> </tr> <tr> <th><u>Fee (\$)</u></th> <th><u>Fee (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td> <td>50 25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td> <td>200 100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360 180</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th><u>Total Claims</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> <th><u>Multiple Dependent Claims</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>0.00</td> <td><u>Fee (\$)</u> <u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th><u>Indep. Claims</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>0.00</td> </tr> </tbody> </table> <p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1"> <thead> <tr> <th><u>Total Sheets</u></th> <th><u>Extra Sheets</u></th> <th><u>Number of each additional 50 or fraction thereof</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>100 = _____ /50 _____ (round up to a whole number) x _____</td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table> <p>4. OTHER FEES(\$)</p> <table border="1"> <thead> <tr> <th></th> <th><u>Fees Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Non-English Specification, \$130 fee (no small entity discount)</td> <td>0.00</td> </tr> <tr> <td>Other: 1252 Extension for response within second month</td> <td>450.00</td> </tr> <tr> <td>1806 Submission of Information Disclosure Statement</td> <td>180.00</td> </tr> </tbody> </table>								<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>			<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>	Utility	300	150	500	250	200	100	0.00	Design	200	100	100	50	130	65	0.00	Plant	200	100	300	150	160	80	0.00	Reissue	300	150	500	250	600	300	0.00	Provisional	200	100	0	0	0	0	0.00		<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100	Multiple dependent claims	360 180	<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	_____	_____	_____	0.00	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	_____	_____	_____	0.00	0.00	<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	0.00	<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	100 = _____ /50 _____ (round up to a whole number) x _____	0.00	0.00		<u>Fees Paid (\$)</u>	Non-English Specification, \$130 fee (no small entity discount)	0.00	Other: 1252 Extension for response within second month	450.00	1806 Submission of Information Disclosure Statement	180.00
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